

The Times and Register.

VOL. XXIX. No. 16.

PHILADELPHIA, APRIL 20, 1895.

WHOLE No. 867.

Original.

AMPUTATION OF THE ENTIRE UPPER EXTREMITY (INCLUDING THE CLAVICLE AND SCAPULA) FOR SARCOMA FOLLOWING FRACTURE OF THE CLAVICLE.

BY W. W. KEEN, M. D.
(Philadelphia.)

E. S., aged 21 years, first consulted me early in December, 1894. In May, 1893, he broke his left collar-bone by a fall. In June, 1894, a tumor appeared at this point, which together with one-and-one-half inches of the clavicle, was soon afterward removed by Dr. Stout, of California. The tumor, however, immediately reappeared, and has grown rapidly ever since. For the last month he has been under the care of Dr. Coley, of New York, for treatment by the erysipelas and prodigious toxins, but without obvious benefit. At present there is a large tumor extending from the shoulder to the base of the neck and attached to both clavicle and scapula. It reaches to within two inches of the inner end of the clavicle. I deemed it, however, still possibly operable, because it did not seem to be infiltrating but encapsulated. This conclusion I based upon two grounds: First, that the tumor seemed to be very movable with the shoulder, and, secondly, there was not the slightest edema of the arm. This convinced me that the vessels, and especially the veins, were not yet involved. I told him frankly that it was uncertain whether I could remove the growth, but that if he desired it I would attempt the operation, since he could at least be no worse off by its re-

moval, and even if death followed it would relieve him from weeks or even months of great suffering. He and his family readily consented to operation.

The tumor was ulcerated at two points, and the skin was branny and thick. The conditions, therefore, were unfavorable to a thorough asepsis, but the parts were as thoroughly disinfected as possible. My plan was to adopt the method as described in my paper before the American Surgical Association in May, 1894 (Transactions American Surgical Association, 1894, p. 55, and American Journal of the Medical Sciences, June, 1894), namely, to make one incision at the inner border of the tumor with its centre at the clavicle, and another at a right angle along the line of the clavicle down to the bone, to dissect these flaps, and by drawing away the tumor to uncover as much of the clavicle as possible, removing as much of the inner end as I could, and then search for the vessels. If I found that they could be easily ligated I should then proceed to remove the entire upper extremity. If, however, the vessels could not be reached that I should then close the wound and abandon the operation. Professors Brinton and Hearn, after careful examination of the patient, both agreed with me as to the advisability of attempting it. Accordingly, he entered the Jefferson Medical College Hospital on December 24. His temperature was then 100 degrees. His pain was so severe and constant as to deprive him of much sleep. He was, however, generally in very fair health, though not strong.

Operation, December 26, 1894.—The plan outlined above was carried out. I removed two-and-one-half

inches of the inner end of the clavicle. Drawing the tumor away, and scraping it from the clavicle enabled me to remove much more than I had expected. I then sought for the vessels, and was so fortunate as to be able to dissect them loose and follow them down to the upper border of the pectoralis minor. At no point did I find the tissues under the great pectoral involved. In order to tie the vessels at so low a point I had gradually extended my vertical incision nearly to the axilla, and having secured the vessels I then decided to proceed with the amputation. It was evident that removing the tumor would remove so large a portion of the skin that it would be impossible to approximate the edges. Accordingly, I determined to carry my incision down on the arm nearly to the elbow and to dissect a flap of skin which was healthy from the inside of the arm, and turn it upward so that the lowest end near the elbow would become the highest when turned upward on the neck. In dissecting the arm loose I removed the larger part of both the pectoral muscles and had to tie a number of smaller vessels. The posterior incision was now made, cutting as wide of the tumor as was possible, the incision passing nearly along the posterior border of the scapula. The separation of the extremity was now readily effected, and a moderate number of vessels ligated. After renewed disinfection of the large surface it was closed. The elbow flap was turned upward on the neck and enabled me to cover the entire raw surface by skin without any tension. As the skin of the inner side of the arm near the elbow derived its nourishment not from the branches of the vessels from the axilla but lower down from the arm, its transplantation was analogous to skin grafting, and I regretted afterward that I had not been very careful to dissect from its inner surface all the fatty tissue, of which only a little, however, was left. At four points I inserted between the stitches small portions of iodoform gauze to act as drains.

The patient was put in bed with

apparently little shock, his temperature being 97.6 degrees, though the operation had lasted nearly two hours. His recovery was rapid and satisfactory, the temperature only rising once to over 100 degrees. On the sixth day he was out of bed. A small portion of the posterior edge of the flap from the arm sloughed. tirely well within ten days.

Remarks: At the meeting of the American Surgical Association in Washington, May 29, 1894, I read a paper on "Amputation of the Entire Upper Extremity, Including the Scapula and Clavicle, and of the Arm at the Shoulder-joint, With Special Reference to Methods of Controlling Hemorrhage." The key of the whole situation, as I there pointed out, is very clearly the control of the hemorrhage. In the present case operation had been declined by several surgeons on the ground that the disease was too extensive for a successful amputation. I was convinced, however, that the vessels were not yet invaded, because there was no edema of the arm, and, also, on moving the tumor in various directions it seemed to me not to be so adherent as to prevent my getting under it and obtaining access to the vessels. My impression was that I would be obliged to ligate the subclavian vessels in the first part of their course; but, after resecting the clavicle and tearing through the tissues behind it, one of my assistants was able to drag the tumor outward, and this gave me an unexpectedly easy access to the vessels, which I was able to follow down to the first part of the axillary artery and tie them there. I was the more anxious to tie them low down, because I foresaw that it would be needful to utilize the skin of the inner arm to fill the gap left by the removal of the tumor. Had this not been done a very large raw surface would have been left, either to granulate or to be covered by skin grafting. I very much feared that even so high a ligation as the first part of the axillary would be followed by some sloughing of the flap of the skin, but fortunately only the posterior edge of this flap sloughed to a small extent

and delayed the healing for about ten days or two weeks.

I was unable to follow the typical method of Berger or that of Treves, but was obliged literally to "cut my coat according to my cloth." The branch of the brachial plexus of nerves going to the great pectoral was very easily seen and was a very good guide to the vessels. Each vessel was tied with two ligatures of silk, and the vessel divided between them; the artery was tied first, in order to diminish the amount of blood in the vein, and I found this way very advantageous. The amount of blood lost was not very great, and the shock of the patient was very moderate. He made a most gratifying, uninterrupted recovery. Later, when the slough had separated, a few stitches were inserted to draw the granulating surface together.

Dr. Keen: He weighs less by six pounds than when he entered the hospital, but the portion removed was about ten pounds, so that he has gained about four pounds. The operation was done the day after Christmas, that is, 41 days ago. This is the second operation of this character that I have done; in both the scar was about the same, although in the former case, a young lady, the tumor was not so large. There was very little shock in either case, although the operation lasted two hours. The first patient was out of bed in five days; this patient was out of bed in six days. The shock was much less than I expected from such an extensive dissection. The patient is now in good health.

THE ARTHRITIC DIATHESIS, MIGRAINE, SALOPHEN.

BY DR. A. CLAUS, GHENT.

In a critical essay which I have devoted to the study of migraine, I expressed the opinion that the latter is a constitutional disease, due to an infection or intoxication of the organism. Fere groups one form of migraine, hemicrania ophthalmica, with epilepsy. Although not inclined to go so far, I feel myself, at any rate, justified to compare these two affections with each other in the

threefold respects of etiology, symptomatology and therapeutics. The theory of the toxic or infectious origin of migraine, therefore, approximates to that which Pierre Marie has successfully contended for in regard to the infectious etiology of epilepsy—a theory which, aside from a few details, has been accepted by M. Vander Stricht and by myself in an essay to which was recently awarded the prize by the Academy of Medicine of Belgium.

In the above named critical essay I also supported the view that migraine is to be regarded as an independent affection, chiefly originating from an arthritic diathesis. The excellent school of the Salpêtrière has more than once called the attention of neuropathologists to the relations between migraine and the arthritic diathesis, as well as to those between the latter and various nervous affections.

Charcot especially favored these views of general pathology and frequently reverted to them in his remarkable lectures: (1) "The arthritic diathesis may be represented as a tree, whose principal branches are gout, articular rheumatism, certain forms of migraine, affections of the skin, etc. On the other hand, a tree might be of mental affections, hereditary forms or others, general progressive paralysis, tabes dorsalis, etc.

These two trees to a certain extent thrive together upon the same domain; they are united by their roots and bear such intimate relations to each other that one is often inclined to ask whether it is not the same tree. "Bearing in mind these axioms," says Charcot, "it will be easy to understand the majority of phenomena in the course of nervous affections, which otherwise remain obscure. When you have before you a neuropathic patient, you must regard the disease presented to you as only an episode."

We have taken into account this twofold relationship and expressed the opinion that, aside from the status arthriticus, migraine may be brought into connection with a series of nervous phenomena in neuropathic families.

Migraine, as regards etiology and especially therapeutics, should, therefore, be regarded as a partial manifestation of the arthritic diathesis or as an offshoot of nervous affections.

"It is generally recognized," says Ch. Fere (2), the scholarly physician of Bicetre, "that the neuropathic family presents extensive relations to arthritic affections, in such a degree that both are frequently comprised in one group, the so-called nervous arthritic. In nervous patients and their families we often find rheumatism and even more frequently gout."

Baillarger (3) already recognized this relationship between rheumatism and the neuroses in a general way. He expresses himself as follows in this particular:

"Neuralgias occur frequently in gouty persons, especially migraine. Almost any of the nerves may be affected; trigeminus, brachial plexus, intercostal nerves, sciatica. Paget and DaCosta report cases of neuralgia of the tongue, gums and maxilla."

The relations of the gouty diathesis and migraine are also acknowledged by Axenfeld and Huchard (4). One of the factors, to which too much attention should not be given, is heredity. It is certainly always easy to determine that the patient's ancestors had suffered from the same affection; but we must not lose sight of the bond which connects migraine with the constitutional diseases and the neuroses. It occurs frequently with cutaneous affections, arthritis, rheumatismus nodosus (Charcot), gout, gravel, in cases of hemorrhoids, in tuberculous patients, even when there has been no development of intra-cranial tubercle (Gubler). This demonstrates the great importance, in a clinical sense, of these variable relations which may be transmitted from one generation to another, so that migraine may manifest itself in the descendants of a gouty, rheumatic or hysterical patient.

In a remarkable work Seguin (5) states that he is convinced that in persons suffering from migraine conditions of disturbed nutrition exist,

together with overfilling of the blood with imperfectly oxidized materials—lithemia—conditions which play an important part in the pathogenesis of the attacks. It is certain that many of these persons are gouty, and that from time to time abundant deposits of peroxalate of lime, uric acid and urates occur in their urine. He believes that many indications exist which are to be met by regulation of diet, hygienic measures and appropriate medicinal agents.

Mobius (6), the distinguished German neuropathologist, in a scholarly monograph which has just appeared, does not coincide in this view. He denies the relations existing between migraine and gout, and the statement of Trousseau, who says: "Migraine and gout are sisters." If, in a country, gout and migraine have both gained a foothold, he remarks, it is not surprising that both should occur in the same family or in the same individual, but before attempting to establish this relationship, we must be convinced that their association is observed likewise in those countries where gout is infrequent. "I have never," says Mobius, "seen a person suffering from migraine who previously had suffered from gout or subsequently acquired this disease, and further, I have never been able to obtain a history of gout in his family. In only one instance," he adds ironically, "have I encountered both affections in one family, the man having gout and the wife migraine." Mobius does not share in the view of those who assume the existence of a special relationship between chronic articular rheumatism, muscular rheumatism and migraine. Charcot, he says, speaks chiefly of rheumatismus nodosus. He has determined that among 30 females afflicted with this disease, 12 had previously suffered from migraine, and that the latter at once subsided as soon as the articular swellings made their appearance. Mobius concedes that in hospital practice arthritis deformans frequently occurs in connection with migraine, but maintains that in cases in which migraine disappears

in advanced life at the same times when the joints begin to swell, no positive proof is afforded to warrant us in assuming a substitution of one disease for the other. Oppenheim states in his excellent text book on nervous diseases (1894), that the relations between gout and migraine have not yet been adequately established.

It is peculiar that men of such brilliant powers of observation as Mobius, Charcot and Oppenheim should represent such diametrically opposite views as regards the pathogenesis of migraine. This fact is undoubtedly to be explained on the ground of the differences in the clinical material under observation. In this direction the evidence of Mobius seems to possess a certain amount of importance, but all these contradictory statements, in my opinion, result from the different conceptions of these authors with regard to the nature of the arthritic diathesis. In common with Bouchard we assume that arthritism is a diathesis, a morbid predisposition, occasioned by faulty nutrition. Conformably to this view, arthritis must be considered in a broader sense, and then the relations between migraine and the arthritic diathesis become more evident.

This relationship becomes more striking when we consider the therapeutic results obtained in migraine. The gouty character of neuralgias, says Fere (7) is often made evident by the favorable effects of treatment. Thus, for example, Begbie relates a case of sciatica in a gouty person, which was cured by colchicum; and sciatica and various other nervous disturbances have been often seen to vanish on the appearance of an attack of articular gout. I have reported the case of one of my patients, in which I observed a characteristic migraine alternate with renal colic. The administration of lithia in connection with benzoate of soda and Contrexville mineral water removed both affections.

The dietetic regimen of gouty persons should approximate to the normal with exception of a slight diminution of the nitrogenous food and an increased supply of alkalies by means

of green vegetables and fruits (8). It is interesting to note that this diet which is adapted for the arthritic diathesis corresponds exactly to that recommended by Mobius (9) in the treatment of migraine. "With reference to diet I am of the opinion that a diet consisting chiefly of vegetables is better borne than an abundance of animal food." Many of these patients, he adds, have become strict vegetarians, and they have since noted that the attacks have disappeared or at least have become more infrequent or less intense.

We will not further discuss the views of Mobius, who sees in this the effect of suggestion. We can readily understand why within certain limits Mobius should have attributed some of the successful results of electro-therapeutics to suggestion; but to ascribe to suggestion effects originating from a radical change in the mode of life strikes us as somewhat exaggerated on the part of the German author. The truth is that a vegetarian diet is so well tolerated by so many sufferers from migraine for the reason that a large number of them are arthritic.

What applies to diet is even more forcibly exemplified by the results of internal medication, and here the axiom is especially appropriate; *naturam morborum curationes ostendunt*. Mobius (10) states that two drugs are to be recommended in migraine, the bromides and the more recent nervines, salicylate of soda, antipyrine, acetanilide, phenacetine, etc. I coincide with him, for both these categories correspond in every respect to the dual arthritic and nervous nature of these affections, which we have endeavored to demonstrate.

Inasmuch as sodium salicylate and antipyrine have proved of great value according to the united testimony of all observers, and especially Oppenheim, this is, in my opinion, attributable to their anti-rheumatic and anti-arthritic effect.

In this connection it is of interest to refer to a new remedy which has been frequently discussed in recent times, and which according to observations made thus far possesses

marked anti-arthritic and analgesic virtues, viz., salophen.

About five weeks ago I was consulted by a lady aged 52 years, who suffered from characteristic hemicrania, recurring at short intervals. She was very corpulent and predisposed to arthritis, her father having suffered from rheumatism and gout. No nervous affections had existed in her family, except that a sister, for some time during the period of puberty, had suffered from melancholic depression. The urine contained a great abundance of urates, which formed a characteristic deposit at the bottom and walls of the vessel.

The case was therefore evidently of arthritic character. Patient had previously taken quinine sulphate with but moderate relief; the attacks recurred at very short intervals; about five or six days. For several months previous to my seeing her she had discarded all medication.

I ordered salophen, 1.0 gm. to be taken during the attack and followed by a second dose at the end of two hours if it was not terminated at that time.

The patient experienced considerable improvement after the first dose and after the second the migraine completely disappeared. She stated that she had not been so rapidly and markedly relieved for a number of years. Since that time she has taken salophen regularly and maintains an appropriate diet. There has been no recurrence of the attacks.

Another case was that of a man aged 62, who had suffered for a number of years from diabetes mellitus and had maintained a strict diet. About every 14 days he was attacked by very severe migraine, which lasted for from five to six hours. None of the remedies employed had afforded any actual relief, although antipyrine rendered the attacks more endurable and appeared to lengthen the intervals. He took the latter regularly on account of its anti-diabetic effect.

On my advice he has replaced antipyrine for the last six weeks by salophen, and since then has had no attack of migraine.

The efficacy of salophen in the treatment of gout, acute articular rheumatism and various other arthritic affections is a well established fact.

The results obtained by various authors, of which we would cite especially Koch, Muller-Darier, Ciulini and A. Vite, Waugh and Lavrand, are very convincing in this direction. The marked analgesic effect of the remedy has been demonstrated by several of the above named authors, as well as by Galloway, DeBuck and Vanderlinden.

The therapeutic effect which we had expected from salophen and obtained in the two briefly described cases can be readily explained from the theoretical considerations which we have just expressed with reference to the pathogenesis of migraine.

These considerations would justify in like manner the use of salophen in the treatment of diabetes and other affections whose pathology is also to be sought in the arthritic diathesis and in a special nervous state. It is also rational to employ salophen in the treatment of chorea. Antipyrine and exalgine have hitherto given the best results in this affection, but salophen, whose anti-arthritic and anti-nervous effects are more intense, would seem, in my opinion, to surpass the two former substances.

The good results which have been derived by us from salophen in migraine of arthritic origin place the relations between arthritism and migraine in a clearer light, and justify the views of the School of Salpetriere, to which belongs the honor of having directed the attention of the medical world to this etiological relationship.

1. Lecons du Mardi, 2nd Edit., Vol. 1, p. 23.
2. La Famille Neuropathique, 1894, p. 136.
3. Ibid, p. 154.
4. Traite de Nevroses, p. 231.
5. Lecons sur le Traitement des Nevroses, 1883.
6. Migraine, Nothnagel's Encyclopedia, 1894; Holder, Vienna.
7. Loc. Citat., p. 155.
8. Legendre, Traite de Medicine, Vol. 1, p. 300.
9. Loc. Citat., p. 87.
10. Loc. Citat., p. 89.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

FRANK S. PARSONS, M. D.,
EDITOR AND MANAGER.

Subscription Price, - - - \$1.00 Per Year.

Send money by bank check, postal, money or express order, payable to The Medical Publishing Co.

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PUBLISHED BY

THE MEDICAL PUBLISHING CO.

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

Room 718, Betz Building.

Entered at the Philadelphia Post Office as second-class mail matter.

PHILADELPHIA, APRIL 20, 1895.

PHYSICIANS IN POLITICS.

In recent issues of various contemporaries, notably the Philadelphia Polyclinic and The Medical Press and Circular, London, we have read with much interest the drift of opinion among our ablest writers on the subject of physicians in political positions. Our able Philadelphia exchange considers the subject of "Physicians in Health Boards," a place where, above all others, one would suppose he would be of incalculable service; and we would believe that one taking opposite ground here would have to parry with great tact to demonstrate that even in this place he is by no means necessary and that it is still an open question whether or not the sanitary affairs of a city might not be as well managed without him. But, strange as it may seem at first sight, nevertheless the writer has made a strong case against having medical men on health boards.

Issue is made with the Medical Record, too. "What is needed in such officials," says the writer, "is

executive ability, a good conscience and such knowledge of men and affairs as will enable them to judge between truth and falsehood. It may be said that such persons are rare, but it must also be admitted that a professional training does not necessarily develop the qualities required."

The editor of the Medical Press advises against medical men aspiring for political positions, because of the general poverty of its members and because politics holds out to them no such prospects for fame and high salaried positions as it does to lawyers.

The great test of the superior value of members of our profession in executive positions in a city's administration, especially those departments which have to deal with sanitary matters, is a trial. And, here, truth and candor compel us to seriously question the advantage to the public. Medical men of superior ability will rarely accept those positions, even though good futures should open to them. The terms of office are uncertain and the compensation is inadequate to command superior talent. As a matter of fact, however, with only occasional exceptions, few, if any, medical men only succeed to political office except those who are professional politicians or have a strong political backing; and these lucky ones in no sense are representative of the best element in the profession. Moreover, in many instances a serious injustice is often permitted, whenever our medical brethren are elevated to important political positions, to the rank and file, whose sustenance depends on the precarious returns of a general practice. Now, as a matter of fact, many medical men drawing large salaries hold on to their private practice, their college connections and office cases, thereby interfering with what righteously belongs to the plodding practitioner.

In one's endeavor to carry both one is certain to be neglected, and we doubt very much if either receives the attention it requires.

But, it may be asked, would we on general principles oppose physi-

cians stepping outside the strict domain of medicine to engage in other pursuits, political as well as others? By no means we would not; but, let the practitioner not fail to understand that when he steps outside the ranks of the medical arena to engage in politics he should announce his withdrawal from practice, and not stand in the way of others. A citizen physician certainly does not lose caste because he engages in other pursuits, when it is understood by the public and profession that he gives his undivided attention to them and drops his title.

We have now in mind a prominent individual in industrial affairs who graduated in medicine with special honors; another engaged in a vast shopping trade; another until lately at the head of one of our great telegraph systems; another yet who served his internship in a hospital, hung out his shingle, became impatient, gave away his books and instruments and entered his father's shoe shop and has prospered. None of these ever prescribe except to their own family.

Come! let us be fair in this matter and not forget that the profession of medicine is one of sacrifice, and that he who is not prepared to make it would do well to turn his attention to something else.

Let the profession be properly organized; let it extirpate those cancer-roots which are penetrating its vitals, the excess of hospitals and dispensaries, and it can fairly prosper without huckstering to politicians.

THE NEW CONSUMPTION CURE.

New cures for chronic diseases are continually springing up and we are not surprised to learn through the daily press that a New York physician in Berlin has developed another remedy for tuberculosis. This is said to be pilocarpine.

Time will only tell whether the remedy is good for anything or not. The plan of treatment, however, seems to us to be in the right line. The action of pilocarpine is that of a stimulant of elimination. We can see no especial value to this drug

over others of its class, except that it is the most powerful agent we possess for this purpose.

Elimination, we have held, is the only means for successfully combating consumption; but elimination may be obtained by various drugs and no one therapeutic agent will be found to meet all requirements. The writer is at present at work testing the value of other agents, which he hopes to be able soon to recommend in the treatment of this disease. These agents increase elimination by stimulating cell activity.

The method of introduction to the system of pilocarpine, which is recommended by Dr. Waldstein, its advocate, is by hypodermic injections of minute doses. The drug at once stimulates the lymphatic glands and increases the white blood corpuscles. The effect is said to be surprising.

The fact that cure of the tuberculous patient comes with a restoration of the functions of the lymphatic system proves what we have before announced in the early numbers of this volume, that the cause of consumption was to be found in a perverted lymphatic system, and a backing up of waste products in certain portions of it.

There is one good thing about these remedies which does not apply to serum treatment, i. e., we know what they are and what they can do.

One requisite which goes with the employment of pilocarpine, or other of this class of drugs, is that the patient must not be far advanced in the disease. When such changes in the system have taken place as imply loss of substance in an organ we cannot expect any marked benefit from drugs whose object is to restore function. We must not be content to rest on elimination alone, either; for good tonic treatment is also required, and it is a combination of these principles that the writer is at present engaged in working into a therapeutic combination.

Every physician knows that pilocarpine is a powerful depressant. Its action must be watched with great precision. Indeed, it may be well to combine with it a heart tonic, or watch the patient for any effect

which the drug may exert on the cardiac muscle. The dose hypodermically must be exceedingly small and not often repeated if exhaustive perspiration is induced.

Book Reviews.

TRANSACTIONS OF THE ANTI-SEPTIC CLUB.

Reported by Albert Abrams, M. D.
Published by E. B. Treat, 5 Cooper Union, N. Y. Price, \$1.75.

This volume comes laden with sterilized wit and humor. Every page is illumined by the phosphorescent microbes of unalloyed sarcasm, illustrated by pen and pencil.

In this book the thoughtful physician will find much to awaken his curiosity and interest, from the organization of the club, the various papers read and discussed, the testimonials considered, the cases submitted, the hypoderm, and finally the dental clinic at its rooms, all will be found redundant with effervescent exuberance. Here a hundred laughs may be provoked to animate the muscles of mirth, atrophied from the disuse incident to the cares and anxieties of medical practice. Those in quest of a case find here a needed repose in the refreshment outbursts of wit and humor which bubble and sparkle with health-giving cheer as the tale is told; and not a line will be found to be "extra dry."

COD LIVER OIL AND CHEMISTRY.

By. F. Peckel Moller, Ph. D. Can be had of Wm. H. Schieffelin & Co., New York City.

This is an elegant treatise of 492 pages, on cod liver oil and other chemical compounds. It starts off with an introduction on Norway, the Land of the Midnight Sun, and its relation to cod liver oil. There is a descriptive sketch of the Norwegian fisheries which is exceedingly interesting and instructive. This is followed by a chapter on the manufac-

ture of cod liver oil and the various processes used. Following this comes a few pharmaceutical annotations and a chronological synopsis of the chemical researches on cod liver oil, including Heyerdahl's new chemical researches on this article, with concluding remarks concerning rancidity, preparations and emulsions, active principles and a recapitulation.

Part second treats of the law of atomic linking, diagrammatically illustrated. It starts off with the hydrocarbons and an illustrative method of linking the chains of the various compounds in a very unique way.

The next chapter deals with the derivatives of hydrocarbon, the oxygen compounds, alcohols and phenols. Next chapter is devoted to oxygen compounds of ethers; next chapter of oxygen compounds of aldehydes and ketones; then comes oxygen compounds of carbohydrates and glucosides; next those of the acids. The seventh chapter deals with the mutual combinations of the preceding groups. The eighth chapter treats of the halogen compounds, chlorine, bromine and iodine. Chapter nine, sulphur compounds. Chapter ten, the nitrogen compounds. Chapter eleven, proteids, ptomaines, leucomaines and ferements. Twelfth, a chat about atoms.

It is difficult in a brief review to convey an idea of the magnitude, clearness and adaptability of this work. It is most beautifully bound. We trust every subscriber to this journal will write to Schieffelin & Co. for a copy.

TWENTIETH CENTURY PRACTICE.

An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Volume II. Nutritive disorders. New York: William Wood & Co., 1895.

The second volume of this unique work very favorably compares with the preceding one. This series of

twenty volumes bids fair to surpass anything yet printed as an encyclopedia of medical science. Indeed, the whole work is such that no physician can keep in touch with the advancing ideas of modern medicine without it. This work opens with an admirable article on Addison's disease and other diseases of the adrenals, by Sir Dyce Duckworth, of London.

The second article, on "Diabetes Mellitus," is from the pen of Professor von Noorden, of Frankfort, whose studies in metabolism have justly attracted so much attention both in this country and in Europe. Contrary to what we might expect in a treatise written by a German physiologist and pathologist, this article is intensely practical, sixty pages of the one hundred and fifty being devoted to the subject of treatment.

Following this is an exceedingly interesting article on "Rheumatism," by Dr. T. J. MacLagan, of London, the originator of the salicyl treatment of this disease.

The next article on "Gout," by Dr. Henry M. Lyman, of Chicago, the only American writer in this volume—and he has made a worthy contribution to American medical literature. It is not too much to say that the article is one of the most thorough and comprehensive treatises on gout that has ever been written.

"Arthritis Deformans" is the title of the next article, which is from the pen of Dr. A. E. Garrod, a son and worthy pupil of Sir Alfred Garrod.

The sixth article of the volume is one on "Diseases of the Muscles," by Dr. Dujardin-Beaumetz, of Paris.

The closing treatise of the volume is one on "Obesity," by Professor Oertel, of Munich. "Oertel's" is known as one of the most successful methods of treating obesity, and the profession is to be congratulated on having a description of this method and an explanation of its rationale from the hand of the inventor himself.

All this mass of material is made available to the reader by an excellent index in addition to the ordinary table of contents.

The discussions of these various subjects are most thorough and instructive, and will far surpass Pepper's System of Medicine, being much more exhaustive and abreast with the newer ideas of the past decade.

Surgery.

IN CHARGE OF
DR. T. H. MANLEY, New York.

THE ANTISEPTIC TREATMENT OF BURNS.

An eminent French surgeon recently concluded an article with the above heading in the following words:

1. Fresh, superficial burns, as well as deep ones, can heal under antiseptic treatment without the production of pus.

2. If pus is produced, the wound is disinfected, and the course remains the same as if non infected. But if the pus is of long standing and the wound begins to granulate, then disinfection is not possible.

3. To disinfect widespread burns an anesthetic will often be necessary, and to this end chloroform is best suited.

4. If the wound is non purulent, the unnecessary use of an antiseptic hinders the healing process.

5. Antisepsis is the best analgesic.

6. Burns heal rapidly under the antiseptic treatment. Burns of the second degree require eight days; of the third degree, from two to three weeks.

7. Burns of the second and third degree heal without trace remaining; of the fourth degree, cause a scar, which does not retract, while this will be smoother the less the amount of pus.—Charlotte Med. Journ.

THE TREATMENT OF PENETRATING WOUNDS OF THE LUNG.

In the Gazette hebdomadaire de médecine et de chirurgie for March 2, there is an abstract of an article by M. Hugnet and M. Peraire

on this subject, which appeared in the *Revue de chirurgie* for 1895. This article, says the writer, is based on three personal observations and leads to the following conclusions:

1. The absolute necessity of treating the wounded person on the spot; the serious consequences resulting from the jolting of the conveyance, no matter how short the distance, render immediate treatment imperative. If the patient has to be driven some distance, the jolting of the carriage will cause hemoptysis, which may cause death in a short time.

2. The condition of syncope, favoring hemostasis, should, within reasonable limits, not be interfered with. Subcutaneous injections of ether must, therefore, be used but sparingly unless there is too much depression. In these cases caffeine is especially indicated, and injections of artificial serum should be resorted to.

3. The treatment of wounds of the lung by ordinary means must be, in many cases, insufficient if the wounded person is not subjected at once to an immobility as absolute as possible, which, in itself, says the author, may assure success.

4. The treatment by absolute immobility and immobilization of the thorax does not exclude other procedures when they can be effected without interfering with the patient's immobility.

5. Generally, in cases of hemothorax following a lesion of the large blood vessels, the treatment should not be active. The symptoms, and especially the complications, must guide the physician in coming to a determination; thoracocentesis should not be practiced unless the effusion becomes too considerable and symptoms of dyspnea become serious.

6. The practice of carefully cleansing the patient as soon as the wound has been dressed is to be avoided in every case of penetrating wound of the chest; we should content ourselves with what is strictly necessary, to the exclusion of every occasion of shock.—*New York Medical Journal*.

FROG SKIN GRAFTING.

Smith (*Boston Medical and Surgical Journal*, vol. cxxxii, No. 4, p. 79) has reported the case of boy, 5 years old, who suffered a deep and extensive burn, involving an area of the trunk, face and neck. The part involved was bounded by a line extending from the thyroid cartilage down the median line of the body to within an inch of the umbilicus; thence around the trunk to the median line of the back; from here up to the external occipital protuberance; thence to the malar bone on the left, including a portion of the ear; diagonally across the face to the right angle of the mouth, and finally reaching the thyroid cartilage.

When seen, four weeks after the accident, the entire surface was covered with healthy granulations that bled freely upon the slightest touch. The fold of the axilla had become firmly adherent to the chest, binding the arm firmly down. To expedite recovery, and in view of the unfavorable condition of the subject, grafting with the aid of frog-skin was decided upon. Small pieces, each a quarter of an inch square, were placed in rows, each separated from the other by a space of half an inch; and this was repeated until, after the lapse of seven weeks, the whole surface was covered. The treatment was repeated daily, from twenty to eighty frog-grafts and a smaller number of human grafts being used on each occasion. The surface was first cleansed by irrigation with a warm solution of boric acid 1 to 40, and subsequently washed with a stream of sterilized water. Each graft was then firmly pressed into the granulation surface, and subsequently a dressing of boric acid and vaseline, a dram to the ounce, was spread upon strips of compressed cloth and applied so as to fit the parts. Over this was placed sterilized gauze and finally a rubber bandage. In all nearly a thousand frog-grafts and four hundred human grafts were used.

Gynecology and Obstetrics.

EXTRA-UTERINE PREGNANCY.

The advance of abdominal surgery has very much increased our knowledge both of the nature and the treatment of ectopic gestation. Not many years ago the life of a patient subject to this grave anomaly in the reproductive process hung on a thread. The successful results of ovariectomy tempted surgeons to removal of tubal sacs. The operation often proved much harder than was expected. The sac was usually sessile, and buried in clot and firm inflammatory adhesions, but the difficulties were found to be not insuperable. One great result of these successful operations was the discovery of the true nature of hematocele, which is due to ectopic pregnancy far more often than was before suspected. The bold practice of immediate abdominal section when symptoms of rupture of the sac appear soon came into vogue, and the results justified the new operation. Lastly, it was found that the fetus could, under certain circumstances, be removed from its abnormal position and saved. When once a class of operation of the type of ovariectomy becomes established, operators can extend and improve indefinitely. Thus the Russians were late in beginning ovariectomy. But within the last twenty years certain Russian surgeons, seeing the evils of isolated operations, boldly undertook ovariectomy on a large scale. The effect was of course the same as in this country. Very soon the results became satisfactory, they ended in deserving the term "brilliant." It will therefore not surprise us to learn from Zmigrodzky's recent publication that Russian surgeons, learning the details of abdominal section from the excellent results of ovariectomy in their hands, have undertaken the treatment of extra-uterine pregnancy by operative measures. At first their results were, of necessity, poor. Up till 1886, 51 out of 157 operations proved fatal. Yet these

relatively unsatisfactory results perfectly justified the action of the operators. Had nothing been done very few of the unfortunate patients could have survived the dangers of the abnormal pregnancy. Since 1886 only 11 out of 97 similar operations have been successful. Yet the majority of the 86 in which the patient was saved were undertaken for rupture of the sac. Under these circumstances the patient is exhausted and in great danger, for the risk from the inevitable loss of blood preceding the discovery of symptoms is very high. In 1886 secondary operations (abdominal section after the death of the fetus) were attended with a 26 per cent. mortality. Now the mortality has fallen to 11 per cent. Further efforts must be attended with better results. Only 31 cases of ectopic pregnancy in Russia since 1886 have been treated as unfit for operation. In one of these cases cure followed injection of morphine into the sac, in one a 5 per cent. solution of zinc chloride was used with good results. In ten electricity stayed the advance of the pregnancy without, it would seem, entailing any evil effects. In one the same treatment proved useless. Surgery and therapeutics alike will look with suspicion on these palliative proceedings. They are carried on too much in the dark. In abdominal section the operator sees his way. Our Russian brethren must be congratulated on their good surgery and the brilliant results which have fully justified their practice.

Medicine.

IN CHARGE OF

DR. E. W. BING, Chester, Pa.

PARALYSIS FOLLOWING TONSILLITIS.

In support of the statement that paralysis similar to that following diphtheria may arise subsequently to other forms of sore throat, the following cases are recorded by Bourges (*Arch. de Med. Experiment*, January, 1895): A child, aged 7, was attacked with sore throat, pyrexia,

etc. There was no membrane, and the illness subsided in 24 hours. About a fortnight later he was again attacked, and this time distinct false membrane appeared on the fauces, but not for three days was there any lividity of the neighboring parts. The glands in the neck were swollen. There was no albuminuria. A few days later the mother, who had constantly nursed the child, was also attacked with sore throat, and membrane formed on the right tonsil. The membrane in each case was examined, cultures made, and mice inoculated. None of these showed the Loeffler bacilli. Various streptococci and staphylococci were found, and some small bacilli staining by Gram's method. About six weeks from the last attack of sore throat the child developed convergent strabismus, paralysis of the soft palate, loss of power in the limbs, and general weakness.

DIPHTHERIA.

Furst (Berl. Klinik, March, 1895,) discusses the clinical and bacteriological early diagnosis in suspicious sore throat. Early diagnosis is one made within 24 to 48 hours. Under the clinical diagnosis the author discusses (1) the indifferent, (2) the suspicious stages, and (3) the stage of the fully developed disease, and he gives at some length the symptoms belonging to these various stages. The bacteriological cannot set aside the clinical examination. The latter enables one to separate simple from other forms of angina with approximate certainty. The bacteriological examination can be effected in from 12 to 24 hours. The presence of the diphtheria bacillus is not absolute proof of the case being one of diphtheria, nor does its absence supply a similar proof of the absence of diphtheria. But these two statements apply only to exceptional cases. The author concludes that a satisfactory bacteriological examination is mostly impossible in private practice. There should be central stations at which such examination can be made. This bacteriological examination is, from the

scientific, practical, and statistical point of view, of the greatest importance. The results of the examination must not always be waited for before the requisite treatment and isolation are adopted. Local treatment with Loeffler's iron-toluol preparation should be practised; a specimen of the exudation can be obtained before the application. Unfortunately, the nasopharynx and larynx cannot always be treated in this way without special experience. Gargling should be used after the application to prevent the burning. The specific antitoxin treatment is of use when the process is not limited to the site of invasion, and when local treatment is impossible. Its drawbacks are its uselessness (1) in septic secondary infections; and (2) in diphtheria of the bronchi; and (3) certain possible after-effects. Local treatment should never be neglected. The author also speaks of the bacteriological examination in those convalescent from diphtheria, and in nurses, etc., as well as of the preventive inoculation.

CONSTIPATION IN YOUNG BABIES.

Dr. Cahen Brach, of Frankfort, recommends cod-liver oil as the best laxative in suckling children; the addition of thirty to sixty grains of milk sugar is also of assistance. Rhubarb, manna, cascara sagrada and other laxatives must, on the other hand, be avoided. Gentle massage of the child's abdomen is, however, perhaps at once the simplest and the best means of overcoming this troublesome condition; it must be used two or three times a day for some five to ten minutes at a time.—*Zeitschr. fur Landpr.*

MASSAGE AND ITS EFFECTS ON THE GLANDULAR FUNCTIONS.

Contributo allo Studio dell' Azione Fisiologica del Massaggio).—Carlo Colombo (Lo Sperimentale, Feb. 1, 1895).—The author, as part of his researches into the physiological results of massage, gives the outcome of his investigations as to the effects

produced on the glands of the body. Animals were chosen for all the experiments, those on the sweat-glands excepted. As regards the stomach, the secretion increased from the normal of 15 cubic centimetres to 40, periods of two hours being chosen for each observation. The result was most obvious after massage had been practised about 15 minutes. Among the salivary glands the submaxillary is the most sensitive, five minutes of friction sufficing to rouse it to greater activity, and the liquid that results has the same characters as that flowing after stimulation of the chorda tympani. As regards the kidneys, the first series of experiments showed that the excretion became most intense after 10 minutes; the second investigation was intended to determine the quality of the fluid flowing respectively from each ureter, massage taking place over one lumbar region only, and as a result of the friction there was diminution of specific gravity, increase of epithelial elements, and during the first five minutes slight albuminuria. The secretion from the testicles was examined at its passage through each inguinal canal. Not only was the quantity increased two-fold, but the fluid also contained abundantly the products of the testicle. Friction over one lachrymal gland led to increased activity of both. Thirty minutes of energetic massage sensibly increased the weight and amount of perspiration subsequently produced, but, the potash salts and urea being deficient, the density was lessened. Finally, as regards the liver, 25 minutes of surface friction produced the same effect as deep manipulation during 10 minutes, the best result being obtained by the combined operations during 10 minutes. As a general conclusion, the author states that massage leads to an increased glandular flow, from which it must follow that the epithelial cells are roused to greater activity, and that the inflow of blood, hence also the filtration of serum, are assisted.

REPORT OF A CASE OF ANEMIA.

The following case of anemia in a patient of inherited tuberculous

diathesis yielded so rapidly to a form of treatment which was practically new to me that I feel justified in reporting it for the benefit of those practitioners who have not yet made the experiment:

Miss A. B., aged 18 years; attending high school; father died of phthisis pulmonalis shortly before her birth. The case came under my charge September 15 last in an aggravated anemic condition, characterized by suppression of the menses, grave intestinal disturbance, tympanitic and prospective phthisis abdominalis. In addition to gastric catarrh she had a hacking cough, myalgic pains in the chest walls, an afternoon temperature of 102 to 104 degrees, a rapid and weak pulse.

She had been confined to her bed for several weeks before I was called in. For two weeks I used the treatment usually prescribed in such cases, but without satisfactory results, and I had little hope for her recovery. As a dernier resort, I sent her by way of experiment a sample bottle of Wine of Cod Liver Oil (Stearns) with instructions to follow the directions given on the label. A decided improvement was manifested within a few days. Her appetite improved, assimilation of food became normal, the gastric catarrh disappeared, color returned to her cheeks and her weight increased. I had no previous experience with the Wine of Cod Liver Oil, but as no other medicine was administered in this case, it must be credited with the remarkable results attained. The condition of the digestive functions was such that no emulsion or other ordinary preparation of the oil could have been administered.—Dr. Barber, in the Physician and Surgeon.

THE SENSATION OF THE STOMACH AND DISORDERED DIGESTION.

P. Sollier (Rev. de Med., January, 1895) makes a study of nervous dyspepsias. He says that the sensory innervation of the stomach derived from the sympathetic may, when disturbed, lead to modification in the gastric chemistry. The secretory functions of the stomach depend on the nervous system as well as on the

state of the glands. The sensation of the stomach may be reflex or direct. The former is better known; it leads to the movements of the stomach and also to secretion. If the stomach is insensitive to the contact of food stuffs the glands are not put into action. The stomach has also a sensation proper to itself, and thus heat and cold can be appreciated. This sensation is not so obtuse as has been thought. The most special sensation of the stomach is in respect to food. The sensation of hunger disappears when the stomach becomes anesthetic. Thus, without its own proper sensation there could be no feeling of emptiness, as in hunger, nor yet of satiety, and, without its reflex sensation, no secretion and no motion. There is no subordination of one form of sensation to the other. In nervous dyspepsia there may be a modification in the gastric chemistry or the sensation of the stomach may be involved. Clinically this is best studied in hysterical anorexia. Assimilation appears to improve when hunger returns, and the feeling of hunger reappears only with the restoration of the sensation of the stomach. The anesthesia may involve only the superficial parts of the mucous membrane, or penetrate deeper when the digestive troubles are more marked. The author refers to a superficial cutaneous anesthesia corresponding to the region of the stomach. If the mechanical functions are also involved there may be gastric atony. The same condition of the stomach is noted in melancholia and hypochondriasis. When the treatment is directed to the nervous system these cases improve rapidly without any special regulation of diet.

Therapeutics.

IN CHARGE OF
DR. LOUIS LEWIS, Philadelphia.

SALOPHEN IN RHEUMATISM.

H. Lavrand (*Journ. d. Sci. Med. de Lille*, December 22, 1894) reports seven cases of rheumatism, mostly chronic in character, in which he used salophen. His experience leads

him to conclude that the drug is as powerful as salicylate of soda, both as an analgesic and an anti-rheumatic, without the disagreeable secondary effects (headache, intoxication, noises in the ears) of that drug. As salophen does not decompose in an alkaline medium such as the intestine, it does not disorder the digestion nor cause nausea. It relieves neuralgic as well as rheumatic pains. Being tasteless, patients have no objection to taking it. The average dose is 2 grammes (30 grains) daily, divided into four doses. It is most conveniently given in plain water.

TREATMENT OF UREMIA.

Renaut (*Annales de Med.*, March 14, 1895) in treating uremia endeavors to overcome the renal impermeability by the application to the loins of leeches, which he greatly prefers for this purpose to wet cupping. He demonstrated in 1888 the anastomoses which exist between the subcutaneous blood vessels of the loins and those of the cortex of the kidney. Inhalations of oxygen may be of use in aiding the blood to oxidize the retained toxic products. To increase the circulation in the kidney the muscular substance of the heart must be stimulated, and for this purpose Renaut prefers the administration every four days of 1 milligramme of crystallized digitalin, to be continued even after the renal obstruction has been removed. A milk diet, although it usually increases the daily amount of albumen secreted in the urine, is to be preferred on account of its diuretic action, and because it is a diet yielding very little toxic residue. During the uremic attack subcutaneous injections of ether act as a cardiac stimulant, and to some extent render the nervous system insensible to the action of the toxic agents of uremic origin.

CLIMATOTHERAPY IN GRAVES' DISEASE.

Glax (*Wien. med. Woch.*, March 2, 1895) mentions five cases of Graves' disease which were greatly improved by the mild sea climate of Abbazia. Four of these patients were from 25 to 35 years of age, the remaining one

being 50. In one case the exophthalmos and enlarged thyroid were particularly marked, whereas in the remaining cases the cardiac symptoms of tremor were prominent. In two cases the heart beat was 120 to 140 per minute, and there was evidence of cardiac dilatation. The tachycardia quickly diminished, and the cardiac dilatation disappeared; the general condition also improved, and there was considerable increase in weight. This favorable action of sea air has previously been noted in Graves' disease.

TANNIN AND ENTERITIS.

Kunkler (*Allg. med. Central-Zeitung*, No. 13, 1895) advocates the use of tannin in cases of enteritis. He considers this drug to have fallen into disuse unadvisedly, and recommends a further trial for it. He gives an account of 41 cases, consisting chiefly of infants and children, and also a few adults. Of these, 27 were cases of chronic enteritis and gastro-enteritis, 12 of acute enteritis, and 2 tuberculous. In all, benefit appears to have resulted from the use of tannin. Some of the cases which had previously been under treatment with naphthalin, calomel and bismuth, without any good result, improved rapidly under tannin. Kunkler recommends in the first stage of an enteritis a combination with a stronger disinfectant such as naphthalin or calomel.

THE CARDIAC PLEXUS IN DIPHTHERITIC PARALYSIS.

In the *Archives de Medecine Experimentale et d'Anatomie Pathologique* Dr. A. Vincent has written a paper in which he strongly controverts the current view that in convalescence from diphtheria myocarditis is the only condition which leads to cardiac failure. Another view, that this condition is the result of an affection of the vagus or sympathetic, is not favored by the exceedingly slight changes which are found in those nerves. The myocarditic theory, on the other hand, is contradicted by various observations in cases of patients dying in the course of convalescence from diph-

theria in which no affection of the heart muscle was present. Dr. Vincent quotes such a case, which he had himself observed and examined, and he expresses the opinion that the reason why the cardiac failure has not been ascribed to its true cause is because only the nerve trunks have been examined, while the state of the cardiac plexus has been overlooked. In confirmation of the importance of carefully examining this he quotes the case of a man who died from cardiac failure after diphtheria, and in whom a careful examination of the medulla, spinal cord and vagus and sympathetic revealed no abnormality. In the plexus cardiaco-aorticus, however, there were widespread parenchymatous changes differing in degree in different parts, while in the muscle fibres of the heart the transverse striae were well retained as a rule, and only in a few were they indistinct or absent. In the cardiac plexus also similar changes to those above described were found—i. e., changes exactly analogous to those found in the peripheral nerves in post-diphtheritic paralysis. Dr. Vincent accounts for the fact that the trunk of the vagus was not affected by supposing that the course of the disease was so rapid that death ensued before the changes in the trunk of the vagus could manifest themselves. The changes in the plexus were severe and quite out of proportion to the affection of the myocardium, and there could be little doubt that the former were the cause of death. This observation of Dr. Vincent, together with one by Dr. P. Meyer, are said to be the only ones in which the cardiac plexuses have been examined; but the very definite changes described by both observers make it desirable that future observations should be directed to the elucidation of this point.

Philosophy.

To the statement that philosophy is a useless study to a professional man, we enter a flat denial. Not only

has it its uses as a guide in detecting fallacies in every-day matters; in ethics, theology, and speculative reasoning, but through it is engendered the habit of viewing things and circumstances, as not merely by their outward appearance but as having a wider relation as belonging to a general class of which one fact or a group of phenomena are but a part. Making a comparison, in medicine itself, the relation between the philosophical and unphilosophical is that between a treatment of a symptom and the removal of causes. It is the philosophical in medicine which has developed our knowledge of pathology and which does or should govern therapeutic practice.

H. B.

The definition of metaphysics, being the science through which one is bewildered systematically, is true in measure, but philosophy has its physical aspect and this is made year by year to include much of what was heretofore metaphysics, so that the study of philosophy becomes not a matter of confusion but one of enlightenment. There is a type of individual who is innately opposed to generalization; he forms the antithetical element to philosophy. To him the details of any science may be intelligible individually, but collectively they are without significance. Does he study chemistry; the only dry part of it is its philosophy; the laws governing combination. Does he essay physics; the conservation of energy, the correlation of forces, are a bore. In anatomy; table of muscles of ganglia, etc., are memorized faithfully, but a general relation of these matters in the abstract possesses no interest for him.

H. B.

Protagoras.—Listen to a pure inspiration given in the book before quoted: (Nineteenth Century Sense).

"After the manner of a dream was beheld an oblong square showing three separated sprays of lilies. As the dreamer looked wonderingly at the symbol, seeing no meaning in it, explanation projected itself as a Jack might spring from its box. The

word was 'hypostases,' and the association implied that the three separate sprays, or groups, stood for the three parts of which a man is constituted, namely, matter, ego, soul; that it is left with men which they will most cultivate and thus become most like unto, that is, whether they will be material, selfish or godly.

"In his dream the dreamer fixed his gaze earnestly—it may have been by accident, or it may have been out of intuition—on the spray representing soul. As he continued to look this developed little by little into a fullness of bloom which transformed the flower into a size and whiteness such as he had never before beheld. The other two sprays withered and shrunk away correspondingly. . . .

"When the morning came the dreamer wrote down that in a dream he had learned the meaning of differences which characterize men, and as well that he had been given the secret of creating differences."

Cebes.—I comprehend fully, Protagoras, and see clearly, what Socrates has otherwise expressed, that a man's self is creator alike of heaven or hell.

Protagoras.—A man's whole world, Cebes, is nothing different from what himself is.

Miscellany.

THE MEDICAL PRACTICE ACT OF TENNESSEE.

The Medical Practice Act of Tennessee has been declared unconstitutional. The Southern Practitioner says it has no tears to shed over this decision, and thinks the best thing to be done is for the Legislature to repeal the whole thing and get it out of the way.

AMERICAN PUBLISHERS' ASSOCIATION.

Medical editors, publishers and business managers are cordially invited to attend the second annual meeting of the American Medical Publishers' Association, at the Eu-

taw House, Baltimore, Md., May 6, at 9.30 A. M. Subjects of vital importance will be discussed, and a profitable and pleasant session is anticipated.

LANDON B. EDWARDS, M. D.,
President, Richmond, Va.
CHARLES WOOD FASSETT,
Secretary, St. Joseph, Mo.

THE INCOME TAX.

At the request of the chairman of the Board of Censors, the counsel for the society, Mr. Taylor sent a written opinion concerning the income tax in relation to physicians. A physician's office, or that part of his dwelling used as an office, and not the whole house, was exempt in estimating his income.

WHO ARE PRESCRIBING DRUGGISTS?

Dr. Frank Van Fleet referred to the action of the New York Medical Society at its last meeting, calling for the prosecution of prescribing druggists. He wished to know whether persons advertising to fit glasses for errors of refraction did not also violate the law regulating the practice of medicine. The advertisement of one firm of this kind was in the county directory, and he moved to have it expunged. By amendment the matter was referred to the comitia minora with power.—N. Y. Medical Record.

THE FALLACY OF EARLY RISING.

Proverbs are responsible for a great deal of folly, and none perhaps for more mischief under the present conditions of town life than those which inculcate early rising as a virtue. When the great majority lived in villages and were engaged in the cultivation of the soil, early rising may have been conducive to health and wealth, if not to wisdom, but even our early forefathers probably did no more than make a virtue of necessity. It is said to be natural—that is, physiological—to rise early and enjoy the beauties of the sunrise; if we ask why, we are treated to various transcendental theories about the vivifying influ-

ence of the sun, and are told to take example by the birds of the air and the beasts of the field, or so many of them as are not nocturnal in their habits. But as a matter of fact physiology, so far as it has anything to say on the subject at all, is all against the early rising theory. Physiological experiment appears to show that a man does not work best and fastest in the early morning hours, but on the contrary about midday. The desire to rise early, except in those trained from youth to outdoor pursuits, is commonly a sign, not of strength of character and vigor of body, but of advancing age. The very old often sleep much, but they do not sleep long. A long deep sleep, the sleep of youth, requires for its production a thoroughly elastic vascular system. The stiffening vessels of age are not so completely nor so easily controlled by the vasomotor nerves. Hence shorter sleeps. Thus paterfamilias, who goes to bed at 11 P. M., wants to get up at 5 or 6 A. M., and looks upon his healthy son, who prefers to lie till 8, as a sluggard. When this foolish interpretation of a proverb about the health and wealth to be got from early rising is combined with the still more foolish adage which says of sleep: "Six hours for a man, seven for a woman and eight for a fool," then we have a vicious system capable of working great mischief to young people of both sexes. There is a tendency, greatly encouraged in towns by the spread of cycling, to curtail unduly the hours of sleep. Parties of young men and lads are to be met careering about the streets at midnight. They would be far better in bed. They have probably to be in their offices or shops by 9 A. M., or even earlier and when time is deducted for supper, toilet, breakfast and the journey to the place of business, it is evident that the hours for sleep cannot exceed six, or at most seven. These young men are no doubt encouraged by the silly adage quoted above. There is a disposition in town youths to overdo outdoor exercise; the cycling club "night spins" are instances in point. As Nordau has said, with a great

deal of truth, the town-dweller of these last decades of the nineteenth century suffers from nervous fatigue, and is so ill-advised as to make his very recreations sources, not of recuperation, but of increased exhaustion. If our forefathers were early risers they went also early to bed. It would be well for the rising generation if it paid more heed to this part of the proverb.—British Med. Jour.

LIVERPOOL MEDICAL SOCIETY.

Mr. C. Puzey, F.R.C.S., presided.

Mycosis Fungoides.—Dr. Leslie Roberts read a paper on a case of the above. He pointed out that the symptoms in the early stage simulated eczema and other inflammatory eruptions, but were in reality neoplastic in nature. The tumors were infective, but there was no evidence at present of the action of micro-organisms. The autopsy showed the presence of tubercle bacilli in the left lung. The consideration of the histo-pathology of the disease was deferred till the next pathological and microscopical meeting of the society.

The laryngeal irritation after chloroform.—Mr. C. G. Lee read a short paper descriptive of the spasmodic cough and laryngeal irritation that arises to the operator and his assistants when chloroform is administered in an ill-ventilated apartment, and in proximity to a gas flame. The only record of such occurrences Mr. Lee had been able to discover was a paper by Dr. Paterson, of Cardiff, in vol. 42 of *The Practitioner*. Here, however, the patient as well as the surgeon shared in the irritation; while in none of the cases Mr. Lee had observed had the patients been affected at all. The exact nature of the irritating substance was discussed, and Dr. Paterson's view that it was probably carbon oxychloride of phosgene gas was favorably commented on; at the same time the possibility of Hyd HCl as suggested by Dr. Carter sharing in the causation was admitted. That more attention should be given to proper ventilation of operating rooms appeared to be very

desirable, judging from the tone of the discussion following the paper.

Acute Rheumatic Endocarditis.—Dr. Canton read a paper on the course and treatment of the above. While treating 300 cases of acute and subacute rheumatism during the last thirteen years he had observed the occurrence of fifty-one cases of valvular disease. The early signs of cardiac complication were described, also the means employed to prevent it. Thirteen of these cases received no special treatment beyond that appropriate to the rheumatism, and were kept in the hospital on the average 25 days. Thirty-eight were treated by repeated blistering over the cardiac region and by administration of potassium iodide. Treatment was continued for forty-one days. Of this latter number twenty-eight left the hospital without any bruit, and ten with a bruit.—*Provincial Medical Journal*.

MORTALITY IN THE JAPANESE ARMY.

According to *La Medecine Moderne*, the Official Gazette of Japan reports that from July 16 to December 6, 1894, the total number of killed and wounded was about 350, and the deaths from sickness but 430. Although the losses of the navy are not included in these figures, it is not probable that they would bring the total losses for the first five months of the war to a number greater than between 1200 and 1300, which is certainly remarkably small, when one considers the magnitude of the scale upon which operations have been carried on. The Japanese disposed of the bodies of their dead by cremation rather than interment.

A BILL TO PROHIBIT CHILD INSURANCE.

The Committee on Insurance of the Massachusetts Legislature has reported to the House of Representatives a bill to prohibit child insurance in this Commonwealth. The bill is the same as that asked for by the petitioners; it fixes the age limit at ten years, with the exception that a penalty of \$100 is attached for every violation of the act.—*Boston M. and S. Journal*.

SOLVING THE PROBLEM OF PATERNITY.

Possibly it is Mark Twain's retort to M. Paul Blouet that is responsible for the story cabled on the 30th ult., by the London correspondent of the New York Sun. To the flippant Frenchman's fling—that when a wealthy American had nothing else to do he employed himself trying to discover his grandfather—Twain replied that it was different with the Frenchman, rich or poor; his concern is as to the identity of his father. Now it is alleged that M. Groussier, of Paris, has discovered a scientific means of tracing the paternity of children who know not their own fathers, and adds: "It is easy to understand with what alarm the news of such a discovery will be received in a country where illegitimacy is so common as in France." The dispatch fails to define M. Groussier's law, but quotes MM. Bertillon, Zola and Jules Simon as indorsing the claim. Only M. Rochefort is skeptical, and declares that: "Paternity is like the philosopher's stone—you may look for it as much as you like, but you will never find it," in which the editor of *L'Intransigeant* seems to agree with Shylock's serving-man, Master Launcelot Gobbo, who says: "It is a wise father that knows his own child." The correspondent declares that M. Groussier is overwhelmed not only by requests to apply his law in individual cases, but by threats of direct evils unless he abandons his inquisitorial investigations into domestic secrets. It is more than likely that the dispatch is misdated; it was evidently intended for the 1st of April.—*Journal of A. M. A.*

A NEW IDEA FOR MEDICAL SOCIETIES.

A curious innovation in society work has been introduced by the York Medical Society. Dr. Baxter Tyrie, the president, offered a short time ago a prize for the best impromptu speech, for competition among the members. We learn that about twenty members essayed their

chance in this novel undertaking, and the judges awarded the prize to Mr. Vaughan Bateson, the son of a local solicitor. There is no doubt much room for improvement in the oratory at medical societies, but whether this desirable result will be obtained by the system of awarding a prize to the best speaker is a matter which does not call for serious discussion. It will be a bad day for medical societies when they become converted into mere debating grounds for the benefit of amateur orators, as would be the case were this system to be generally adopted. By all means let medical men learn oratory, if they have the time and opportunity for doing so, but if the art be not worth cultivating for its own sake, independently of the attraction afforded by a president's prize, members of societies not desirous of placing themselves in the position of schoolboys had better in this respect remain silent spectators of the efforts of others.—*Medical Press.*

AMERICAN MEDICAL ASSOCIATION NOTICE.

All who propose to attend the meeting of the American Medical Association at Baltimore purchase through tickets at starting, take a certificate of the agent, which signed at Baltimore by the Permanent Secretary enables the owner to return at one-third. These certificates are not transferrable and must be used not later than three days after the adjournment.

National Association of Railway Surgeons.—The annual convention of the National Association of Railway Surgeons will be held at Chicago on May 1, 2 and 3, 1895. This date was selected by the officers and members of the Executive Committee, so that members wishing to attend the meeting of the American Medical Association, which is to be held on May 7 and following days, will be able to do so on the same trip.